#14

02973

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 201

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Still Pond. — LENGTH OF STAY (in this place) All five in Kent County
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cool Brook Valley -

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Maplelawn Farms
STREET ADDRESS (If rural, give location) Betterton Md.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
S.	Frank	Baxter	March	27	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Nov. 25 1869	80 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer (Grower)	Farming	Queen Anne Co. Maryland	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Baxter	Martha Octavia Sudler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS (Wife)
No.	—	Mrs. Anna M. Baxter Betterton Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary thrombosis	less than 2 hrs.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary insufficiency	
	(c) Coronary arteriosclerosis.	4 or 5 years

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—				

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
—			m.		

22. I hereby certify that I attended the deceased from Jan 1, 1949, to March 27, 1950, that I last saw the deceased alive on March 27, 1950, and that death occurred at 2:00 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R. Bertram Fan	M.D.	Chestertown, Md	3-28-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	March 30 1950	Chester Cemetery	Chestertown Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/29/50	E. Kennard Jones	Marvin L. Williams	Chestertown Md.

TOWN

RECEIVED
MAR 31 1950
BUREAU U.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02974

Reg. Dist. No. 201

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lynch
LENGTH OF STAY (in this place): life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Lynch (at home)

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lynch
STREET ADDRESS (If rural, give location): Lynch

3. NAME OF DECEASED (Type or Print): (First) Richard (Middle) Howard (Last) Bowers

4. DATE OF DEATH: (Month) March (Day) 3 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Nov. 2 1882

9. AGE last birthday: 67 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): Still Pond Maryland

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: J. Raymond Bowers

14. MOTHER'S MAIDEN NAME: Mary Cordelia Smyth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service)

16. SOCIAL SECURITY No.: 216-09-5210

17. INFORMANT AND ADDRESS: Mrs. Edward Greenwood-Chestertown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) Coronary Thrombosis — Sudden

Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — 2 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | **19b. MAJOR FINDINGS OF OPERATION** | **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 18, 1950, to March ..., 1950, that I last saw the deceased alive on March 18, 1950, and that death occurred at ... m., from the causes and on the date stated above.

SIGNATURE: Frank W Smith — (Degree or title) — ADDRESS: Chestertown — DATE SIGNED: April 4/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: April 2/50 | NAME OF CEMETERY OR CREMATORY: Chester Cemetery | LOCATION (City, town, or county) (State): Chestertown, Maryland

DATE REC'D BY LOCAL REG. 4/1/50 | REGISTRAR'S SIGNATURE: E Leonard Jones | **24. FUNERAL DIRECTOR** ADDRESS: Mamie V. Williams - Chestertown, Md.

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APR 4 1950
BUREAU P. S.

#12

02975

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 201

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Betterton | LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Betterton Md
STREET ADDRESS (If rural give location) Wheeler Ave

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Elizabeth	May	Price	March	26	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Single	Sept 27 1880	69 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer | 10b. KIND OF BUSINESS OR INDUSTRY Farm | 11. BIRTHPLACE (State or foreign country) Betterton | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Horace Price | 14. MOTHER'S MAIDEN NAME Susan Young

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) — | 16. SOCIAL SECURITY No. 212-03-4488 | 17. INFORMANT George Price

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

543X **Immediate cause** (a) Found dead in bed - Short time elapsed since

118 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Nothing definite. She was seen.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Medicine for Headaches at Last.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from No Medical Attention, 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Isaac A Smith	(Deputy Medical Examiner)	Chestertown	March 30

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Mar 29 50	Still Pond cemetery	Still Pond	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/29/50	C Kennard Jones	B R Fellows	Still Pond, Md.

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RECEIVED
MAR 30 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02976

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown Md
LENGTH OF STAY (in this place) 12 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
STREET ADDRESS (If rural, give location) High St.

3. NAME OF DECEASED (Type or Print): (First) LeCharles (Middle) G (Last) Field

4. DATE OF DEATH: (Month) March (Day) 23 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, ~~WIDOWED~~, DIVORCED, (Specify) Married

8. DATE OF BIRTH: May 5-1870

9. AGE last birthday: 79 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired minister

10b. KIND OF BUSINESS OR INDUSTRY: Meth. Church

11. BIRTHPLACE (State or foreign country): Chatoon, Illinois

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry A Field

14. MOTHER'S MAIDEN NAME: Catharine Barnett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) No

16. SOCIAL SECURITY NO.: no

17. INFORMANT AND ADDRESS: Mrs. Charles A. Field Chestertown Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Myocarditis. — 3 years

177X Antecedent cause(s)

51b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Prostatitis - Operation 1942. C.A.? — 1942

(c) Chronic Syphilis — 1942

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Bed ridden for several years —

19a. DATE OF OPERATION: 1942

19b. MAJOR FINDINGS OF OPERATION: Transurethral resection. Pyemia to follow

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ——, 1942, to March 22, 1950, that I last saw the deceased alive on March 22, 1950, and that death occurred at 6:30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Frank L Smith Chestertown Md 3/23/50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE Mar. 26, 1950 — NAME OF CEMETERY OR CREMATORY Chester Cemetery — LOCATION (City, town, or county) (State) Chestertown, Maryland

DATE REC'D BY LOCAL REG. March 25-1950 — REGISTRAR'S SIGNATURE Clara S. Barnes

24. FUNERAL DIRECTOR ADDRESS J. Willis Wells- Chestertown, Md.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A-1

RECEIVED
MAR 28 1950
BUREAU V. S.

3:40 P.M.
F. Smith
02977

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Kent; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kilalland; LENGTH OF STAY (in this place) All life; HOSPITAL OR INSTITUTION OR STREET ADDRESS Chestertown R.D #2

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Kent; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kilalland; STREET ADDRESS (If rural, give location) Chestertown R.D #2

3. NAME OF DECEASED (Type or Print): (First) Adam (Middle) Romie (Last) Fogwell

4. DATE OF DEATH: (Month) March (Day) 24 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Oct. 10 1868

9. AGE last birthday: 81 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY: Farmer Owner

11. BIRTHPLACE (State or foreign country): Kent Co. Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John Fogwell

14. MOTHER'S MAIDEN NAME: Ellen Hague

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

(If year, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Mr. J. Walton Fogwell - Chestertown R.D 2 Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Apoplexy — Interval between onset and death: Sudden

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Second attack — 1948

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

334 X
830

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 4, 1950, to March 24, 1950, that I last saw the deceased alive on March 24, 1950, and that death occurred at 3.40 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Frank W. Smith | ADDRESS: Chestertown | DATE SIGNED: 3/24/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: March 27 1950 | NAME OF CEMETERY OR CREMATORY: Wesley Chapel | LOCATION (City, town, or county) (State): Rock Hall, Maryland

DATE REC'D BY LOCAL REG.: March 26-1950 | REGISTRAR'S SIGNATURE: Clara L. Barnes.

24. FUNERAL DIRECTOR: Marion C. Williams | ADDRESS: Chestertown Md

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RECEIVED
MAR 28 1960

MARYLAND STATE DEPARTMENT OF HEALTH

02978

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 202

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Kent; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown; LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS College Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Richard (Middle) (Last) Griffin

4. DATE OF DEATH: (Month) Mar. 6 (Day) (Year) 1950

5. SEX: male

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: about 1879

9. AGE last birthday: about 70 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): unknown

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or uoknowo) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pneumonia, Notheing Definite

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Broncho Pneumonia

(c) Found dead in an outhouse Dead about Time

733.0

190

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Was not Ill years. Died in a Clean Jake Premises

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Frank W Smith (Degree or title) Medical Examiner ADDRESS Chestertown DATE SIGNED 3/9/50

23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF 3-9-50 | NAME OF CEMETERY OR CREMATORY Quaker Neck | LOCATION (City, town, or county) Chestertown - Rural (State)

DATE REC'D BY LOCAL REG. March 9-1950 | REGISTRAR'S SIGNATURE Clara S. Barnes. | 24. FUNERAL DIRECTOR ADDRESS J. Willis Wells - Chestertown, Md.

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RECEIVED
MAR 12 1950
BUREAU V. S.

02979

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Worton
LENGTH OF STAY (In this place) all life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Worton

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Worton
STREET ADDRESS (If rural, give location) Worton

3. NAME OF DECEASED (Type or Print): (First) Arthur (Middle) Raymond (Last) Hewitt

4. DATE OF DEATH: (Month) March (Day) 5 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept 9 1891

9. AGE last birthday: 58 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: farm

11. BIRTHPLACE (State or foreign country): Cecil Co. Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: George Hewitt

14. MOTHER'S MAIDEN NAME: Mary Chanton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO. 110

17. INFORMANT AND ADDRESS: William Hewitt - Chestertown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Congestive heart failure	3 months
422.1 Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) arteriosclerotic cardiovascular disease	4 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
— —

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1948, to March 5, 1950, that I last saw the deceased alive on March 5, 1950, and that death occurred at 10:15 a.m., from the causes and on the date stated above.

SIGNATURE: Robert W Starr — (Degree or title) M.D. — ADDRESS: Chestertown, Md. — DATE SIGNED: 5-6-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: March 7 1950 — NAME OF CEMETERY OR ~~CREMATORY~~: Union Cemetery — LOCATION (City, town, or county) (State): Worton Kent Co. Maryland

DATE REC'D BY LOCAL REG.: March 7-1950 — REGISTRAR'S SIGNATURE: Clara S. Barnes. — 24. FUNERAL DIRECTOR — ADDRESS: Marvin V. Williams - Chestertown, Md.

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RECEIVED
MAY 9 1950
U. S.

02980

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH COUNTY: Kent MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown — LENGTH OF STAY (in this place): 23 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown
HOSPITAL OR INSTITUTION OR STREET ADDRESS: High St.	STREET ADDRESS (If rural, give location): High St.

3. NAME OF DECEASED (Type or Print)	(First) John	(Middle) A.	(Last) Hiltner	4. DATE OF DEATH	(Month) March (Day) 17 (Year) 1950
5. SEX: male	6. COLOR OR RACE: white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married	8. DATE OF BIRTH: Oct. 19, 1888	9. AGE last birthday: 61 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer	10b. KIND OF BUSINESS OR INDUSTRY: Food Cannery	11. BIRTHPLACE (State or foreign country): Penna	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: Samuel Hiltner	14. MOTHER'S MAIDEN NAME: Sara Willis				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service): none	16. SOCIAL SECURITY No.: 215-26-3908	17. INFORMANT AND ADDRESS: Mrs. Sara Callaway Hiltner Chestertown Maryland			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Edema	45 minutes
420.1 Antecedent cause(s)	Coronary insufficiency	2 months
94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 15, 1950, to March 17, 1950, that I last saw the deceased alive on March 17, 1950, and that death occurred at 12:45A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R. Bert Barr	M.D.	Chestertown, Md.	17 March 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: Mar. 19, 1950	NAME OF CEMETERY OR CREMATORY: Chester Cemetery	LOCATION (City, town, or county) (State): Chestertown, Maryland
DATE REC'D BY LOCAL REG.: March 17-1950	REGISTRAR'S SIGNATURE: Clara S. Barnes	24. FUNERAL DIRECTOR: J. Willis Wells	ADDRESS: Chestertown, Md.

988 X1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 20 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02981

CERTIFICATE OF DEATH

Reg. Dist. No. 202

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH: COUNTY Kent MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown; LENGTH OF STAY (in this place) 2 weeks; HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent & Queen Ann's.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (rural) Chestertown; STREET ADDRESS (If rural, give location) Rock Hall Road.

3. NAME OF DECEASED (Type or Print): (First) Frank (Middle) Brown (Last) Hines

4. DATE OF DEATH: (Month) March (Day) 28, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 6-24-81

9. AGE last birthday: 68 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Physician

10b. KIND OF BUSINESS OR INDUSTRY: Physician

11. BIRTHPLACE (State or foreign country): Kent County, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank Hines

14. MOTHER'S MAIDEN NAME: Mary Emory

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): World I

16. SOCIAL SECURITY No.: no

17. INFORMANT AND ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of right lung — Interval between onset and death: 6 mos.

163 X Antecedent cause(s)

47d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? partial Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? 5

22. I hereby certify that I attended the deceased from 10-20-, 1949, to 3-28, 1950, that I last saw the deceased alive on 3-27, 1950, and that death occurred at 4:55 A.m., from the causes and on the date stated above.

SIGNATURE A. C. Dick (Degree or title) M.D., ADDRESS Chestertown, Maryland. DATE SIGNED 3-29-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE: Mar. 30. 1950 NAME OF CEMETERY OR CREMATORY: Saint Paul's Cemetery LOCATION (City, town, or county) (State): near Chestertown, Maryland

DATE REC'D BY LOCAL REG.: March 30-1950 REGISTRAR'S SIGNATURE: Clara L. Barnes.

24. FUNERAL DIRECTOR ADDRESS: J. Willis Wells - Chestertown, Md.

V3292

RECEIVED
APR 3 1950
BUREAU

02982

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
LENGTH OF STAY (In this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent and Queen Ann's.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall
STREET ADDRESS (If rural, give location) Cathalic Ave.

3. NAME OF DECEASED (Type or Print) (First) ~~Mary~~ Marietta (Middle) ~~Etta~~ Kelley (Last)

4. DATE OF DEATH (Month) March (Day) 7, (Year) 1950

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 9-4-1898

9. AGE last birthday 51 yrs. If under 1 year Months. If under 1 year Days. If under 24 hrs. Hours. If under 24 hrs. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (State or foreign country) Rock Hall, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James Baker

14. MOTHER'S MAIDEN NAME Susanna Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT Hosp. Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
561.5 Immediate cause	(a) Circulatory failure	12 hours
Antecedent cause(s)		
122a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Strangulated hernia, partial.	3 days
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 3-6-50

19b. MAJOR FINDINGS OF OPERATION Strangulated hernia, partial.

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-6, 1950 to 3-7, 1950 that I last saw the deceased alive on 3-7-, 1950., and that death occurred at 2:40 p.m., from the causes and on the date stated above.

SIGNATURE A. C. Dick (Degree or title) M.D. ADDRESS Chestertown, Md. DATE SIGNED 3-7-50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE March 10 1950 NAME OF CEMETERY OR CREMATORY Wesley Chapel LOCATION (City, town, or county) (State) Rock Hall, Maryland

DATE REC'D BY LOCAL REG. March 9, 1950 REGISTRAR'S SIGNATURE Clara L. Barnes.

24. FUNERAL DIRECTOR Marvin V. Williams - Chestertown ADDRESS

RECEIVED
MAR 13 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

02983

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 203

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rock Hall | LENGTH OF STAY (in this place): all life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Haven Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rock Hall
STREET ADDRESS (If rural, give location): Haven Road

3. NAME OF DECEASED (Type or Print): (First) Lena (Middle) E. (Last) Kendall

4. DATE OF DEATH: (Month) March (Day) 22 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Feb.1 1876

9. AGE last birthday: 74 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housekeeping

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Rock Hall, Kent Co. Md.

12. CITIZEN OF WHAT COUNTRY: U. S. A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: ----

17. INFORMANT AND ADDRESS: Mrs. Jesse Hynson, Rock Hall, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

481 X Immediate cause (a) Cardiac Failure, chron Endo-Myocarditis

Antecedent cause(s)

928 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertension, arterio sclerosis

(c) Influenza, Bronchitis

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —

(CITY OR TOWN) (COUNTY) (STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/18, 1950, to 3/22, 1950, that I last saw the deceased alive on 3/22, 1950, and that death occurred at 5.04 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Albert G. Burgard M. D. Rock Hall, Md.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: March 25/50 | NAME OF CEMETERY OR CREMATORY: Wesley Chapel | LOCATION (City, town, or county) (State): Rock Hall, Maryland

DATE REC'D BY LOCAL REG. 3/25/50 | REGISTRAR'S SIGNATURE: S. Elwood Burgess | 24. FUNERAL DIRECTOR: Marvin V. Williams | ADDRESS: Chestertown, Md.

RECEIVED
MAR 31 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

02984

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2 a 3

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rock Hall
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Hawthorne Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rock Hall
STREET ADDRESS (If rural, give location): Hawthorne Road

3. NAME OF DECEASED (Type or Print): (First) Lillian (Middle) (Last) Leppo

4. DATE OF DEATH: (Month) Mar. (Day) 27, (Year) 1950

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Feb. 22, 1899

9. AGE last birthday: 51 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore City, Md.

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: John Edward Stevens

14. MOTHER'S MAIDEN NAME: May Faulstitch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no — no

16. SOCIAL SECURITY NO.: 213-16-8617

17. INFORMANT AND ADDRESS: Mrs. May Stevens Rock Hall, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of the uterus

174 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

48a (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1942, 1942, to 3/27, 1950, that I last saw the deceased alive on 3/23, 1950, and that death occurred at 5:00 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Albert G. Burgard	M.D.	Rock Hall, Md	3/28/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Mar. 29, 1950	Wesley Chapel Cem.	Rock Hall, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/29/50	S. Elwood Burgess	J. Willis Wells	Chestertown, Md.

RECEIVED
MAR 31 1950
BUREAU V. S.

#14

02985

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 201

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. If correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Kent; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Still pond Rural; LENGTH OF STAY (In this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Colemans

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Still pond Rural
STREET ADDRESS (If rural, give location) Colemans

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Gregory	Cornelius	Moody	March	31	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
Male	Col	Single	3/29/50	2 days		2		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Still pond - Colemans
12. CITIZEN OF WHAT COUNTRY? —

13. FATHER'S NAME Robert Sylvester Moody
14. MOTHER'S MAIDEN NAME Rachel Selena Houston
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT Rachel Moody, mother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

773.0 **Immediate cause** (a) Hemorrhage from umbilical cord

Antecedent cause(s)

161C Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/29, 1950, to 3/31, 1950, that I last saw the deceased alive on 3/29, 1950, and that death occurred at 6.30 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Albert A. Burgard	M.D.	Rock Hall, Md	3/31/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/1/50	Colemans	Worton Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/1/50	E Leonard Jones	B. R. Fallows	Still Pond Md.

1-0-3-29-0-38-9-40-V

RECEIVED
APR 4 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

02986

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 203.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Kent; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS rural (Edesville)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Kent; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edesville near Rock Hall; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Samuel (Middle) W. (Last) Murray

4. DATE OF DEATH: (Month) Mar. (Day) 15 (Year) 1950

5. SEX: male

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: about 1867 unknown

9. AGE last birthday: 82 ? yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer

10b. KIND OF BUSINESS OR INDUSTRY: farm (TENANT)

11. BIRTHPLACE (State or foreign country): Kent Co. Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Murray

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service): no

16. SOCIAL SECURITY NO.: no

17. INFORMANT AND ADDRESS: Walter Murray Rock Hall, Md. RFD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage

331X Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension, arteriosclerosis

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/15 3 P.M., 19..., to 3/15 7 30 P.M. 19 50, that I last saw the deceased alive on 3/15, 1950, and that death occurred at 7 30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Albert A. Burgard M.D. Rockhall, Md 3/16/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: Mar. 17, 1950

NAME OF CEMETERY OR CREMATORY: Sharptown, Cem.

LOCATION (City, town, or county) (State): near - Rock Hall, Md.

DATE REC'D BY LOCAL REG. 3/17/50

REGISTRAR'S SIGNATURE: S. Elwood Burgess

24. FUNERAL DIRECTOR ADDRESS: J. Willis Wells Chestertown, Md

000VV

RECEIVED
MAR 20 1950
BUREAU V. S.

Evidence for addition in #18 shown on:

02987

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

FILM No. C 124 MAR 17 1950

1. PLACE OF DEATH · COUNTY: Kent MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown — LENGTH OF STAY (in this place): 78 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Kent and Queen Ann 's	STREET ADDRESS (If rural, give location): 206 N. Front Street

3. NAME OF DECEASED (Type or Print)	(First) Susan	(Middle) Sydney	(Last) Roberts	4. DATE OF DEATH	(Month) March (Day) 9 (Year) 1950
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single	8. DATE OF BIRTH: May 8, 1862	9. AGE last birthday: 87 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Schoolteacher	10b. KIND OF BUSINESS OR INDUSTRY: Education	11. BIRTHPLACE (State or foreign country): North Carolina	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME: Stephen Chester Roberts	14. MOTHER'S MAIDEN NAME: Anna Harding				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)	16. SOCIAL SECURITY NO.: NO	17. INFORMANT AND ADDRESS: Hosp. records			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Old age — no more specific cause - just seemed to wear out. (3-17-50 - ams)

795.4 Antecedent cause(s)

162 b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-11, 1949, to 3-9-, 1950, that I last saw the deceased alive on 3-9-, 1950, and that death occurred at 7:40 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A.C. Dick	M.D.	Chestertown, Md.	3-9-50

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL	DATE: MAR. 11, 1950	NAME OF CEMETERY OR CREMATORY: CHESTER CEM.	LOCATION (City, town, or county) (State): CHESTERTOWN MARYLAND
DATE REC'D BY LOCAL REG.: March 10-1950	REGISTRAR'S SIGNATURE: Clara S. Barnes.	24. FUNERAL DIRECTOR: J. Willis Wells	ADDRESS: Chestertown, Md.

V 3491

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 13 1950
BUREAU V. S.

02988

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 200

1. PLACE OF DEATH — COUNTY: Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Galena
LENGTH OF STAY (in this place): 4 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Kent.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Galena
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): CARLTON ROSS
4. DATE OF DEATH (Month) (Day) (Year): March 15 1950

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: about 1871 ~~[illegible]~~
9. AGE last birthday: 78 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer Owner
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Ross
14. MOTHER'S MAIDEN NAME: Sophia Jewin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: Wayne Stradley Carlton Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute cardiac failure — 1 day.

490 X Antecedent cause(s)

108 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic myocarditis — 5 days

(c) Lobar pneumonia right side — 5 days.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 10, 1950, to Mar 15, 1950, that I last saw the deceased alive on Mar 15, 1950, and that death occurred at 8:00 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Alcan R. Crowley MD
ADDRESS: Middletown, Del
DATE SIGNED: 3-17-50.

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: March 18 1950
NAME OF CEMETERY OR CREMATORY: Westminster Cemetery
LOCATION (City, town, or county): Georgetown (State): Md.

DATE REC'D BY LOCAL REG.: Mar. 17, 1950
REGISTRAR'S SIGNATURE: Elizabeth J. Mulford
24. FUNERAL DIRECTOR: Edward Bellows
ADDRESS: Millington Md.

000VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 22 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02989

CERTIFICATE OF DEATH

Reg. Dist. No. 23

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rock Hall
LENGTH OF STAY (in this place): all life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Ferry Rd. Rock Hall

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rock Hall
STREET ADDRESS (If rural, give location): Rock Hall

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Elizabeth (Last) Steward

4. DATE OF DEATH: (Month) March (Day) 2 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 15, 1893

9. AGE last birthday: 57 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeping

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Rock Hall Kent Co. Md.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. — **(If year, give war or dates of service)**: —

16. SOCIAL SECURITY No.: —

17. INFORMANT: Husband William A. Steward - Rock Hall, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
422.2 **Immediate cause**	(a) Myocardial degeneration	3 months
Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: no

19b. MAJOR FINDINGS OF OPERATION: no

20. AUTOPSY? Yes ☐ No ☐ no

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): -0-

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 4, 1950, to March 2 1950, that I last saw the deceased alive on March 1, 1950, and that death occurred at 6 a m., from the causes and on the date stated above.

SIGNATURE: E Kester (Degree or title) MD ADDRESS: Rock Hall DATE SIGNED: March 3/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 3/4/50

NAME OF CEMETERY OR CREMATORY: Shapleigh - Cemetery

LOCATION (City, town or county) (State): Rock Hall - Maryland

DATE REC'D BY LOCAL REG.: 3/3/50

REGISTRAR'S SIGNATURE: S. Elwood Burgess

24. FUNERAL DIRECTOR: Marvin V. Wilkins — **ADDRESS**: Chestertown Md

RECEIVED
MAR 3 1950
BUREAU V. S.

02990

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 204

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown RR Md
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Sandy Bottom COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) Chestertown RR Md

3. NAME OF DECEASED (Type or Print) (First) Edward (Middle) (Last) Thomas
4. DATE OF DEATH (Month) March (Day) 12 (Year) 1950
5. SEX Male
6. COLOR OR RACE Col
7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH Aug 22 1893
9. AGE last birthday 56 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm hand
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) Kent Co
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Joseph Thomas
14. MOTHER'S MAIDEN NAME Roser Mary Gilbert
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) no
16. SOCIAL SECURITY NO. 220-01-8568
17. INFORMANT AND ADDRESS Roser Thomas Chestertown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443 X Immediate cause (a) Cardio Vascular C sudden

Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

(c) No medical attention

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death above remarks by family. 6 mo past personal.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from No Medical attention, 19, to, 19, that I last saw the deceased alive on 19, and that death occurred at 4:45 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Frank W Smith Deputy Medical Examiner Kent Co. Chestertown 3/13/50

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE 3/15/50
NAME OF CEMETERY OR CREMATORY Sandy Bottom
LOCATION (City, town, or county) (State) KENT CO. MARYLAND

DATE REC'D BY LOCAL REG. Mar 13, 1950
REGISTRAR'S SIGNATURE F W Smith
24. FUNERAL DIRECTOR J. Willis Wells ADDRESS Chestertown, Md

000VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 15 1950
BUREAU V. S.

02991

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 204

1. PLACE OF DEATH — COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairlee — LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE Maryland — COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairlee.
STREET ADDRESS (If rural, give location) Chestertown RR Md

3. NAME OF DECEASED (Type or Print) (First) George (Middle) Joshua (Last) Thompson
4. DATE OF DEATH (Month) March (Day) 21 (Year) 1950

5. SEX Male
6. COLOR OR RACE Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Jan. 9. 1878
9. AGE last birthday 72.+ yrs. — If under 1 year Months. Days — If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Hand
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (State or foreign country) Kent Co. Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Henry Thompson
14. MOTHER'S MAIDEN NAME Anny — Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS George Chambers. Chestertown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Myocarditis

422.2 Antecedent cause(s)

932 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Age.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 10, 1950, to Mar 20, 1950, that I last saw the deceased alive on Mar 20, 1950, and that death occurred at 2 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Frank W Smith — ADDRESS Chestertown Md — DATE SIGNED Mar 23/50

23. BURIAL, CREMATION REMOVAL (Specify) — DATE Mar 24/50 — NAME OF CEMETERY OR CREMATORY Fairlee — LOCATION (City, town, or county) (State) Fairlee Chestertown RR

DATE REC'D BY LOCAL REG. Mar 23. — REGISTRAR'S SIGNATURE F W Smith — 24. FUNERAL DIRECTOR Asbury Henry. Chestertown Md — ADDRESS

000VU R1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 27 1950
BUREAU V. S.

M

02992

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH — COUNTY: Kent — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Chestertown R R
LENGTH OF STAY (in this place): life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wilkins farm

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Kent
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Chestertown R R Md
STREET ADDRESS (If rural, give location): Chestertown R.R. Md

3. NAME OF DECEASED (Type or Print): Edward (First) Mifflin (Middle) Wilkins (Last)

4. DATE OF DEATH: (Month) March (Day) 27 (Year) 1950

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Nov. 29-1881
9. AGE last birthday: 68 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer (Owner)
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Kent Co. Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edward Mifflin Wilkins
14. MOTHER'S MAIDEN NAME: Mary Ann Merritt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service)
16. SOCIAL SECURITY No.: —
17. INFORMANT AND ADDRESS: Miss Grace Wilkins

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

451 X Immediate cause (a) Cardiac Vascular Disease — 5 years

Antecedent cause(s)

96 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio Sclerosis Abdominal Aneurysm — 1 year

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death: Found dead on couch.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1950, to March 18, 1950, that I last saw the deceased alive on March 18, 1950, and that death occurred at 5:30 P m., from the causes and on the date stated above.

SIGNATURE: Frank W Smith (Degree or title) — ADDRESS: Chestertown — DATE SIGNED: 3/28/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: March 30 1950
NAME OF CEMETERY OR CREMATORY: Chester Cemetery
LOCATION (City, town, or county) (State): Chestertown Maryland

DATE REC'D BY LOCAL REG.: March 29-1950
REGISTRAR'S SIGNATURE: Clara S. Barnes.
24. FUNERAL DIRECTOR: Marvin V. Williams — ADDRESS: Chestertown Md

000 VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 31 1950
BUREAU A. S.

MARYLAND STATE DEPARTMENT OF HEALTH

02993

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 20

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Still Pond
MARYLAND
LENGTH OF STAY (in this place) 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Still Pond, Md.
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) TRUSTY (Last) WILSON

4. DATE OF DEATH: (Month) Mar (Day) 14 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) Single

8. DATE OF BIRTH: Jan 1873

9. AGE last birthday: 76 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook

10b. KIND OF BUSINESS OR INDUSTRY: Cook on boats

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joe Trusty

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Joseph Franklin Trusty

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocarditis — Interval between onset and death: 6 months

420.1 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary arteriosclerosis. — Interval: Unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1948, to March, 1950 that I last saw the deceased alive on March 14, 1950, and that death occurred at 2:15 a.m., from the causes and on the date stated above.

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED

R Rutherford | M.D. | Chestertown, Md | 3/15/50

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) Burial | DATE Mar 16 1950 | NAME OF CEMETERY OR CREMATORY Colemans | LOCATION (City, town, or county) Worton Rural (State) Md.

DATE REC'D BY LOCAL REG. 3-16-50 | REGISTRAR'S SIGNATURE C. Kennard Jones | 24. FUNERAL DIRECTOR B.R. Fellows | ADDRESS Still Pond, Md.

pm-3.

72071

VS. A15

RECEIVED
MAR 20 1950
BUREAU V. S.

M

02994

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH · COUNTY: Kent MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown — LENGTH OF STAY (in this place): 7 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 219 Queen St.	STREET ADDRESS (If rural, give location): 219 Queen St

3. NAME OF DECEASED (Type or Print)	(First) George	(Middle) W.	(Last) Yorker	4. DATE OF DEATH (Month) Mar. (Day) 18, (Year) 1950 19
5. SEX: male	6. COLOR OR RACE: colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed	8. DATE OF BIRTH: Mar. 1, 1878	9. AGE last birthday: 72 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Porter in auto sales office	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): Kent Co. Maryland	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: George Yorker		14. MOTHER'S MAIDEN NAME: Ellen Trusty		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service): no	16. SOCIAL SECURITY NO.: 067-10*0910	17. INFORMANT AND ADDRESS: Raymond Yorker - Chestertown, Md.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Intracranial hemorrhage — 2 months

331X Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterial hypertension — Unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-17, 1950, to 3-18, 1950, that I last saw the deceased alive on 3-18, 1950, and that death occurred at 3:30 a m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R. Hunt Barr	MD	Chestertown Md	3-18-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: Mar. 20, 1950	NAME OF CEMETERY OR CREMATORY: Quaker Neck (col) Cem.	LOCATION (City, town, or county) (State): Chestertown, Md.
DATE REC'D BY LOCAL REG.: March 20-1950	REGISTRAR'S SIGNATURE: Clara S. Barnes.	24. FUNERAL DIRECTOR: J. Willis Wells - Chestertown, Md.	ADDRESS

75069

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
MAR 22 1950
BUREAU V.S.